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CORRESPONDENCE AND COMMUNICATION

The disaster of DIY breast augmentation

Dear Sir/Madam,

We describe a case of Do-It-Yourself (DIY) breast augmentation. A 60-year old male-to-female transgender hopeful, was prematurely discharged from a NHS sex reassignment scheme (SRS) elsewhere. In frustration, she started injecting her breasts with a variety of commercial-grade vegetable oils over a six-month period, without any aseptic precaution. Although she succeeded in enlarging her breasts to a 42D cup size, she developed chronic mastitis along with multiple sinuses (Figure 1).

Three years' later, she sought psychological help and was readmitted on our SRS programme. During this time, the pain increased as did the frequency of recurring infections. As such, surgical salvage of planned which involved a subcutaneous mastectomy (Figure 2) and free nipple graft to debulk the existing breast. The pus from the wounds was sterile. The post-operative period was otherwise uneventful.

Male-to-female gender reassignment begins with psychological counselling, lifestyle changes and hormone

treatment followed by breast augmentation as the initial surgical procedure. However for a select few, this route is too tedious, hence taking matters into their own hands.

Liquid injectables such as oils or silicones have been used to augment soft tissue in the past.¹ These substances, initiate a foreign body granulomatous reaction with extensive fibrosis causing the formation of hard, lumpy breasts associated with skin necrosis and ulceration. Although imaging modalities such as MRI can ascertain the extent of the disease,² mastectomy remains the definitive treatment.³

Vegetable oil injection into tissue can cause complications such as oil embolism and the risk of breast cancer.⁴ In vivo murine studies showed that a single injection of polycyclic aromatic hydrocarbons (PAH); a constituent of vegetable oils, into breast tissue was sufficient to cause breast cancer.⁴ In this case, there has been no malignant degeneration thus far.

From a psychological standpoint, SRS patients who present in this manner have been stigmatised as self-mutilators and hence, as non-deserving candidates for gender reassignment. On closer inspection though, the attempt at DIY breast augmentations in transsexuals, appears to be more of an attempt at self-beautification and not mutilation,⁵ however misguided. Based on our experience, we believe that a multi-disciplinary surgical and psychological paradigm shift is called



Figure 1 An image illustrating the breast formed as a result of self-instillation of vegetable oil, with the formation of multiple abscesses and sinuses.



Figure 2 The resected specimen following subcutaneous mastectomy.

for, in this scenario and that these patients should continue to be followed up in SRS psychology clinics indefinitely, irrespective of their age or reconstructive plans.

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